

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

SEP 14 1934

28808

1. PLACE OF DEATH

County Daviess
Township Liberty
City (No.)

Registration District No. 248
Primary Registration District No. 5-244
Daviess County Home

File No.
Registered No. 15
St. Ward

2. FULL NAME Walker Venable

(a) Residence, No. St. Ward Union Township
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Labor
10. Date deceased last worked at this occupation (month and year) Jan. 1, 1932 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Gallatin
(STATE OR COUNTRY) Missouri

13. NAME Al Venable

14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

15. MAIDEN NAME Jane McMahan

16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

17. INFORMANT O. M. Venable
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lile Cemetery DATE August 9, 1934

19. UNDERTAKER Hope Furn. & Undt. Co.
(ADDRESS) Gallatin, Missouri

20. FILED Aug 8 1934 Mrs. Sany
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-1- to 8-8- 1934

I last saw him alive on 8-6- 1934 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Date of onset

nephritis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. E. Gardner, M. D.

(Address) Gallatin 140

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